## Rate Floor Data

97 - 85 - 65						umber 3060-0986
Block '	i - Contact Infor	mation				
ROW#	DATA ELEMENT		FORMAT OF REQUESTED DATA	RESPONSE		
1	Carrier Study Area Code		6 numeric digits	401720		
2	Carrier Study Area Name		alpha characters	CenturyTel -Redfield		
3	Service Provider Identification Number			9 numeric digits	143002271	
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2014	
5	Contact Name			alpha characters	Ken Buchan	
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	
8	Total Number of Sheets			numeric digit(s)	1	E NO P - 109 S SHO S EST SECTION - 100 - 100 C
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	ine Counts
9	\$ 13,00	NA	\$ 0.55	NA		
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data										
! certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.										
Name of Reporting Carrier: CenturyTel of Redfield, Inc. d/b/a CenturyLink										
Signature of authorized officer: Date 6/20/14										
Printed name of authorized officer: David D. Cole										
Title or position of authorized officer: Executive Vice President of Operations Support and Controller										
Telephone number of authorized officer: (318) 3	388 - 9000, ext.									
Study Area Code of Reporting Carrier	401720	Filing Due Date for this form (mm/dd/yyyy)	7/1/2014							
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